

MEDICAID PROGRAM
DEMONSTRATION PROJECT:
COMMUNITY-BASED ALTERNATIVES
TO PSYCHIATRIC RESIDENTIAL TREATMENT
FACILITIES

BUDGET NARRATIVE

HHS-2007-CMS-PRTF-0002
CFDA 93-789

Personnel/Fringe:

This item is based upon 2 staff being employed for 10 months during the first year of the grant year and for 12 months during the remaining federal fiscal years of the demonstration project. The positions will be a full-time Project Director and a part-time Fiscal Analyst. The salaries are based upon the Department personnel policies.

<u>Position</u>	<u>Hr Rate</u>	<u>Salary</u>	<u>Fringe</u>	<u>Annual Benefit</u>
Project Director	\$17.64	\$36,693	\$9,412	\$46,105
Fiscal Analyst	\$17.64	\$18,347	\$4,705	\$23,052

These positions will be located centrally in Helena and will manage the project through contracting with Plan Managers located in each of the communities. The costs associated with the Plan Managers are reflected in the Contractual component of the budget.

Travel:

Travel is a direct relationship to the size of Montana and the travel requirements as well as travel needs of the grant. Among these requirements and needs is the coordination of services in each of the local communities and regular meetings with each of the Plan Managers. Traveling from Montana's southeast corner to its northwest corner is equivalent to traveling from Washington, D.C. to Chicago, Illinois.

Travel is based upon the Project Director traveling 2,000 miles per month, meal costs are based on 2 full days and 3 lunches per month, and lodging of 2 overnight stays per month. All estimates are based on state established rates.

National travel to 2 conferences (anticipated as a grant requirement) for 3 persons includes airfare at the rate \$1,500 per round trip (coach), 5 days of lodging at an estimated cost of \$225/day, meals at a cost of \$37/day, and ground transportation at \$50. This represents a total of \$12,060 for the first year of the grant. A 5% increase has been factored into the budget for years 3 through 5.

Equipment:

Equipment in the form of computers, desks, etc. will be purchased under the first year budget, resulting in no costs associated in subsequent years.

Supplies:

Supplies including paper, copies, reference manuals, provider educational manuals, and brochures are estimated to cost \$8,750 during year 1 of the grant.

Additional costs reflected in the supplies component of the budget are \$3,130 for the Child Behavior Checklist (CBCL) and \$678 for the Behavioral & Emotional Rating Scale

(BERS-2). Both of these surveys are required to assess the progress and outcomes the participants are achieving and to make modification in the treatment plan as needed. These instruments will be essential in gathering data for the evaluation component of the grant. The costs of these survey instruments will increase in years 2 through 4 to include the phase in of additional communities/youths.

This cost is anticipated on increasing approximately 5% per year for the remainder of the project.

Contractual:

Contractual costs for the first year of the implementation phase of the grant represent system enhancements of the Medicaid Management Information System (MMIS) and Combined Healthcare Information and Eligibility System (CHIMES) of \$200,000 per system. The system enhancements are required to modify the existing Medicaid Eligibility and Claim Processing systems to capture claims attributed to those youths participating in the demonstration project. Once the system enhancement has been completed, no additional costs are anticipated in grant years 2 through 5.

Also reflected in the contractual component for the first year of the budget is \$66,667 for an evaluator which will be contracted for approximately 10 months. This contractor will work closely with the national evaluation contractor in identifying key components/variables in evaluating the efficacy of the demonstration grant. The contract amount is estimated at \$80,000 per 12 month period. This cost is estimated on salaries and fringe (utilizing state personnel system to establish estimated cost), travel costs (at rates established by the Department policy), office rental, communication costs. The cost is anticipated to increase by 5% in years 3 through 5 of the demonstration project.

Additional contractual costs incurred during the demonstration phase represent costs associated with the Plan Managers located in the individual communities. The Plan Managers will play a critical role in the coordinating and facilitating services to the participants of the demonstration grant. Thus, the first Plan Manager will be contracted during the implementation phase to assist the Central Office staff in developing procedures and controls. Additional Plan Managers will be contracted as needed when the demonstration project expands into additional communities.

The contracts for the Plan Managers and the Evaluator will be chosen utilizing a Request for Proposal (RFP) approach which is administered by the Montana Department of Administration ensuring adherence to Montana law for competitive "bidding", with annual renewal through an application for continuation of the grant.

Other Expenses:

Other expenses includes: operating expenditures for the State employees (rent, communication expenditures, etc.) and the total cost for services identified in the Financial

Neutrality Form C-1, Column 4, D+D' (Question/Answer 16 on Week Ending September 22, 2006.

The operational costs for State employees are estimated based on historical data and represent 10 months during the first year of the grant. Subsequent years reflect a 5% increase.

Indirect:

Indirect expenditures are estimated at \$15,975 for the first year of the grant . Montana's Cost Allocation Plan has received approval from the Department of Health and Human Services as documented in the attached letter.

Additional justification is available upon request.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
50 United Nations Plaza, Room 347
San Francisco, CA 94102

Mick Robinson, Administrator
Montana Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604-4210

APR 06 2005

Dear Mr. Robinson:

This letter provides approval of the Montana Department of Public Health and Human Services Cost Allocation Plan (Plan) amendment which was submitted to us by letter dated November 26, 2004 and subsequently revised on February 16, 2005, and March 30, 2005. The Plan amendment has various effective dates.

Acceptance of actual costs in accordance with the approved Plan is subject to the following conditions:

- 1) The information contained in the Plan and provided by the State in connection with our review of the Plan is complete and accurate in all material respects.
- 2) The actual costs claimed by the State are allowable under prevailing cost principles, program regulations and law.
- 3) The claims conform with the administrative and statutory limitations against which they are made.

This approval relates only to the methods of identifying and allocating costs to programs, and nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans or Federal legislation and regulations.

Implementation of the approved Cost Allocation Plan may subsequently be reviewed by authorized Federal staff. The disclosure of inequities during such reviews may require changes to the Plan.

If you have any questions concerning the contents of this letter, please contact Cora Coleman of my staff at (415) 437-7821.

Sincerely,

David S. Low
Director

cc: Jeff Newton, ACF
Loerance Deaver, VR/DoEd.

Diane Livesay, CMS
Gayle Smith, ORR

Sharon J. Wright, FNS
James Everett, SSA

Administrative Budget Information for DRA Grant
Budget Detail

	Year 1 (10 Months)			Year 2 (12 Months)			Year 3 (12 Months)			Year 4 (12 Months)			Year 5 (12 Months)			Total
	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total	
Personnel																
Project Director - Full Time Grade 16 Pay	\$15,288.75	\$15,288.75	\$30,577.50	\$18,346.50	\$18,346.50	\$36,693.00	\$19,263.82	\$19,263.83	\$38,527.65	\$20,227.01	\$20,227.02	\$40,454.03	\$21,238.36	\$21,238.37	\$42,476.73	
Fiscal Analyst - 1/2 Time Grade 16 Pay	\$7,644.40	\$7,644.40	\$15,288.80	\$9,173.25	\$9,173.25	\$18,346.50	\$9,631.92	\$9,631.91	\$19,263.83	\$10,113.51	\$10,113.51	\$20,227.02	\$10,619.18	\$10,619.18	\$21,238.37	
Total Personnel	\$22,933.15	\$22,933.15	\$45,866.30	\$27,519.75	\$27,519.75	\$55,039.50	\$28,895.74	\$28,895.74	\$57,791.48	\$30,340.52	\$30,340.53	\$60,681.05	\$31,857.55	\$31,857.55	\$63,715.10	
Fringe Benefits																
Project Director - Full Time Grade 16 Pay	\$3,921.67	\$3,921.56	\$7,843.23	\$4,705.87	\$4,705.88	\$9,411.75	\$4,941.17	\$4,941.17	\$9,882.34	\$5,188.22	\$5,188.23	\$10,376.45	\$5,447.64	\$5,447.64	\$10,895.28	
Fiscal Analyst - 1/2 Time Grade 16 Pay	\$1,960.80	\$1,960.80	\$3,921.60	\$2,352.94	\$2,352.94	\$4,705.88	\$2,470.59	\$2,470.59	\$4,941.17	\$2,594.12	\$2,594.11	\$5,188.23	\$2,723.82	\$2,723.82	\$5,447.64	
Total Fringe Benefits	\$5,882.37	\$5,882.36	\$11,764.73	\$7,058.81	\$7,058.82	\$14,117.63	\$7,411.76	\$7,411.75	\$14,823.51	\$7,782.34	\$7,782.34	\$15,564.68	\$8,171.46	\$8,171.46	\$16,342.92	
Travel																
Project Director	\$5,530.00	\$5,530.00	\$11,060.00	\$6,636.00	\$6,636.00	\$13,272.00	\$6,967.80	\$6,967.80	\$13,935.60	\$7,316.19	\$7,316.19	\$14,632.38	\$7,682.00	\$7,682.00	\$15,364.00	
Two National Meetings per Year (3 Staff)	\$9,580.00	\$9,580.00	\$19,160.00	\$8,580.00	\$8,580.00	\$17,160.00	\$9,009.00	\$9,009.00	\$18,018.00	\$9,459.45	\$9,459.45	\$18,918.90	\$9,932.43	\$9,932.43	\$19,864.85	
Total Travel	\$14,110.00	\$14,110.00	\$28,220.00	\$15,216.00	\$15,216.00	\$30,432.00	\$15,976.80	\$15,976.80	\$31,953.60	\$16,775.64	\$16,775.64	\$33,551.28	\$17,614.42	\$17,614.42	\$35,228.84	
Equipment																
Computer	\$993.75	\$993.75	\$1,987.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Desk/Chair	\$900.00	\$900.00	\$1,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total Equipment	\$1,893.75	\$1,893.75	\$3,787.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Supplies																
Miscellaneous Office Supplies	\$125.00	\$125.00	\$250.00	\$131.25	\$131.25	\$262.50	\$137.82	\$137.81	\$275.63	\$144.71	\$144.70	\$289.41	\$151.94	\$151.94	\$303.88	
Child Behavior Checklist (CBCL)	\$1,565.00	\$1,565.00	\$3,130.00	\$1,387.50	\$1,387.50	\$2,775.00	\$1,926.75	\$1,926.75	\$3,853.50	\$1,375.00	\$1,375.00	\$2,750.00	\$1,443.75	\$1,443.75	\$2,887.50	
Behavior & Emotional Rating Scale (BERS-2)	\$339.00	\$339.00	\$678.00	\$304.50	\$304.50	\$609.00	\$715.05	\$715.05	\$1,430.10	\$475.20	\$475.20	\$950.40	\$498.96	\$498.96	\$997.92	
Educational Brochures/Manuals	\$4,250.00	\$4,250.00	\$8,500.00	\$4,462.50	\$4,462.50	\$8,925.00	\$4,685.62	\$4,685.63	\$9,371.25	\$4,919.90	\$4,919.90	\$9,839.81	\$5,165.90	\$5,165.90	\$10,331.80	
Total Supplies	\$6,279.00	\$6,279.00	\$12,558.00	\$6,285.75	\$6,285.75	\$12,571.50	\$7,465.24	\$7,465.24	\$14,930.48	\$6,914.81	\$6,914.81	\$13,829.62	\$7,260.55	\$7,260.55	\$14,521.10	
Contractual																
Evaluator	\$33,333.50	\$33,333.50	\$66,667.00	\$40,000.00	\$40,000.00	\$80,000.00	\$42,000.00	\$42,000.00	\$84,000.00	\$44,100.00	\$44,100.00	\$88,200.00	\$46,305.00	\$46,305.00	\$92,610.00	
TEAMS/CHMES Enhancement	\$100,000.00	\$100,000.00	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MMIS Enhancement	\$100,000.00	\$100,000.00	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Plan Manager (PRO)	\$35,241.48	\$11,747.16	\$46,988.64	\$125,123.02	\$41,707.67	\$166,830.69	\$175,172.23	\$58,390.74	\$233,562.97	\$183,930.83	\$61,310.28	\$245,241.11	\$193,127.36	\$64,375.79	\$257,503.17	
Total Contractual	\$268,574.98	\$245,080.66	\$513,655.64	\$165,123.02	\$81,707.67	\$246,830.69	\$217,172.23	\$100,390.74	\$317,562.97	\$228,030.83	\$105,410.28	\$333,441.11	\$239,432.38	\$110,680.79	\$350,113.17	
Other																
Services (D+D)	\$3,616.57	\$3,616.58	\$7,233.15	\$204,456.69	\$204,456.69	\$408,913.38	\$515,021.50	\$515,021.50	\$1,030,043.00	\$659,921.19	\$659,921.19	\$1,319,842.38	\$660,881.19	\$660,881.19	\$1,321,762.38	
Rent	\$1,484.25	\$1,484.25	\$2,968.50	\$1,757.10	\$1,757.10	\$3,514.20	\$1,844.95	\$1,844.96	\$3,689.91	\$1,937.21	\$1,937.21	\$3,874.41	\$2,034.07	\$2,034.07	\$4,068.13	
Telephones	\$337.50	\$337.50	\$675.00	\$405.00	\$405.00	\$810.00	\$425.25	\$425.25	\$850.50	\$446.52	\$446.52	\$893.03	\$468.84	\$468.84	\$937.68	
Network Access Charges	\$551.25	\$551.25	\$1,102.50	\$661.50	\$661.50	\$1,323.00	\$694.57	\$694.58	\$1,389.15	\$729.31	\$729.30	\$1,458.61	\$765.77	\$765.77	\$1,531.54	
Total Other	\$5,989.57	\$5,989.58	\$11,979.15	\$207,280.29	\$207,280.29	\$414,560.58	\$517,986.27	\$517,986.29	\$1,035,972.56	\$663,034.22	\$663,034.20	\$1,326,068.42	\$664,149.86	\$664,149.86	\$1,328,299.72	
Indirect Expenditures																
Project Director	\$7,987.50	\$7,987.50	\$15,975.00	\$9,585.00	\$9,585.00	\$19,170.00	\$10,064.25	\$10,064.25	\$20,128.50	\$10,567.47	\$10,567.46	\$21,134.93	\$11,095.83	\$11,095.84	\$22,191.67	
Total Costs	\$333,630.32	\$310,136.00	\$643,766.32	\$438,068.61	\$354,653.28	\$792,721.89	\$604,972.27	\$688,190.81	\$1,493,163.08	\$963,445.83	\$840,825.26	\$1,804,271.09	\$979,582.05	\$850,830.47	\$1,830,412.52	

Assumptions Year 1:
Grant Period: December 1, 2006 - September 30, 2007 (10 Months)
Administrative Period: 10 Months
Implementation Period: 9 Months
Benefit Period: 1 Month

Financial Neutrality Demonstration Budget
C-1: Composite Overview and Demonstration of Neutrality Formula

Level of Care: Psychiatric Residential Treatment Facilities							
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total Factor D	Factor G	Factor G'	Total Factor G	Difference
1 (1 Mos)	\$2,411	\$1,583	\$3,994	\$9,871	\$514	\$10,385	\$6,391
2	\$8,178	\$19,950	\$28,128	\$42,495	\$2,213	\$44,708	\$16,579
3	\$10,300	\$20,900	\$31,200	\$44,619	\$2,324	\$46,943	\$15,743
4	\$13,198	\$21,945	\$35,143	\$46,850	\$2,440	\$49,290	\$14,147
5	\$13,218	\$23,042	\$36,260	\$49,193	\$2,562	\$51,755	\$15,495

C-2 Derivation of Estimates

a. Number Of Unduplicated Participants Served. Enter the total number of unduplicated participants who will be served each year that the demonstration is in operation.

Table C-2-a: Unduplicated Participants	
Demonstration Year	Total Unduplicated Number of Participants
Year 1	3
Year 2	50
Year 3	100
Year 4	100
Year 5	100

b. Average Length of Stay. Describe the basis of the estimate of the average length of stay on the demonstration by participants in Item C-2-d.

The average length of stay for the first year of the project was computed using the total number of available days in the demonstration (which is approximately 30 days due to implementation period) divided by the number of unduplicated enrollees. A phase in period was estimated in demonstration years 2 and 3 by an estimated 4 participants per month in year 2 and 3 participants per month in year 3 would be enrolled. The total number of available demonstration days for years 4 and 5 were estimated based on 365 days of available waiver days divided by the potential number of unduplicated enrollees. As for this new application, figures may change based on a number of factors.

The financial report developed during the demonstration Implementation Phase for the first year of the demonstration will provide more accurate data and if significant differences are reflected, an amendment will be requested for the Centers of Medicare and Medicaid Services.

c. Derivation of Estimates for Each Factor. Provide a narrative description for the derivation of the estimates of the following factors.

i. Factor D Derivation. The estimates of Factor D for each demonstration year are located in Item C-2-d. The basis for these estimates is as follows:

The data provided for the basis of for the calculations used in Factor D based on 1) Established Medicaid Fee Schedule for services currently provided, 2) Costs for services negotiated by the Department as usual and customary and 3) historical utilization of services based on cost estimates for State Fiscal Year 2006.

The financial report developed during the demonstration Implementation Phase for the first year of the demonstration will provide more accurate data and if significant differences are reflected, an amendment will be requested for the Centers of Medicare and Medicaid

ii. Factor D' Derivation. The estimates of Factor D' for each demonstration year are included in Item C-1. The basis of these estimates is as follows:

The data provided for the basis of for the calculations used in Factor D' based on 1) Established Medicaid Fee Schedule for services currently provided, 2) Costs for services negotiated by the Department as usual and customary and 3) historical utilization of services based on cost estimates for State Fiscal Year 2006. Projections for Years 2 through 5 of the demonstration period are estimated to increase by 5%.

The financial report developed during the demonstration Implementation Phase for the first year of the demonstration will provide more accurate data and if significant differences are reflected, an amendment will be requested for the Centers of Medicare and Medicaid Services.

iii. Factor G Derivation. The estimates of Factor G for each demonstration year are included in Item J-1. The basis of these estimates is as follows:

The data provided for the basis of for the calculations used in Factor G based on 1) Established Medicaid Fee Schedule for services currently provided, 2) Costs for services negotiated by the Department as usual and customary and 3) historical utilization of services based on cost estimates for State Fiscal Year 2006. Projections for Years 2 through 5 of the demonstration period are estimated to increase by 5%.

The financial report developed during the demonstration Implementation Phase for the first year of the demonstration will provide more accurate data and if significant differences are reflected, an amendment will be requested for the Centers of Medicare and Medicaid Services.

iv. Factor G' Derivation. The estimates of Factor G' for each demonstration year are included in Item J-1. The basis of these estimates is as follows:

The data provided for the basis of for the calculations used in Factor G' based on 1) Established Medicaid Fee Schedule for services currently provided, 2) Costs for services negotiated by the Department as usual and customary and 3) historical utilization of services based on cost estimates for State Fiscal Year 2006.

The financial report developed during the demonstration Implementation Phase for the first year of the demonstration will provide more accurate data and if significant differences are reflected, an amendment will be requested for the Centers of Medicare and Medicaid Services.

Demonstration Year: Year 1 (Assumes 1 month of Service)

Demonstration Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Total Cost
Crisis Response (Face to Face)	Unit	3	1	\$594.00	\$1,782.00
Crisis Response (Phone Call)	Unit	3	1	\$89.11	\$267.33
Respite	Unit	3	237	\$3.21	\$2,282.31
Pharmacogenetic Screening	Unit	3	1	\$500.00	\$1,500.00
Blood Draw for Pharmacogenetic Screening	Unit	3	1	\$25.00	\$75.00
Pharmacist Consulting	Unit	3	1	\$41.00	\$123.00
Non-Medical Transportation	Mile	3	67	\$0.23	\$46.23
Consultative Clinical/Therapeutic Services	Unit	3	1	\$200.00	\$600.00
Flexible Spending	Month	3	1	\$16.67	\$50.01
Clinical Assessment (CBCL for Therapist/MH Professional)	Unit	3	1	\$35.00	\$105.00
Caregiver Educational Training	Month	3	1	\$57.05	\$171.15
Training for Respite Providers	Hourly	3	6	\$12.84	\$231.12
Grand Total					\$7,233.15
Total Estimated Unduplicated Participants (From Table C-2a)					3
Factor D (Divide Grand Total by Number of Participants)					\$2,411.05
Average Length of Stay On the Demonstration					30

Demonstration Year: Year 2					
Demonstration Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Total Cost
Crisis Response (Face to Face)	Unit	50	1	\$594.00	\$29,700.00
Crisis Response (Phone Call)	Unit	50	6	\$89.11	\$26,733.00
Respite	Unit	50	1,666	\$3.21	\$267,393.00
Pharmacogenetic Screening	Unit	47	1	\$500.00	\$23,500.00
Blood Draw for Pharmacogenetic Screening	Unit	47	1	\$25.00	\$1,175.00
Pharmacist Consulting	Unit	50	1	\$41.00	\$2,050.00
Non-Medical Transportation	Mile	50	473	\$0.23	\$5,439.50
Consultative Clinical/Therapeutic Services	Unit	50	2	\$200.00	\$20,000.00
Flexible Spending	Month	50	7	\$16.67	\$5,834.50
Clinical Assessment (CBCL for Therapist/MH Professional)	Unit	50	2	\$35.00	\$3,500.00
Caregiver Educational Training	Month	50	7	\$57.05	\$19,967.50
Training for Respite Providers	Hourly	47	6	\$12.84	\$3,620.88
Grand Total					\$408,913.38
Total Estimated Unduplicated Participants (From Table C-2a)					50
Factor D (Divide Grand Total by Number of Participants)					\$8,178.27
Average Length of Stay On the Demonstration					211

Demonstration Year: Year 3					
Demonstration Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Total Cost
Crisis Response (Face to Face)	Unit	100	1	\$594.00	\$59,400.00
Crisis Response (Phone Call)	Unit	100	8	\$89.11	\$71,288.00
Respite	Unit	100	2,194	\$3.21	\$704,274.00
Pharmacogenetic Screening	Unit	100	1	\$500.00	\$50,000.00
Blood Draw for Pharmacogenetic Screening	Unit	100	1	\$25.00	\$2,500.00
Pharmacist Consulting	Unit	100	1	\$41.00	\$4,100.00
Non-Medical Transportation	Mile	100	622	\$0.23	\$14,306.00
Consultative Clinical/Therapeutic Services	Unit	100	2	\$200.00	\$40,000.00
Flexible Spending	Month	100	9	\$16.67	\$15,003.00
Clinical Assessment (CBCL for Therapist/MH Professional)	Unit	100	2	\$35.00	\$7,000.00
Caregiver Educational Training	Month	100	9	\$60.52	\$54,468.00
Training for Respite Providers	Hourly	100	6	\$12.84	\$7,704.00
Grand Total					\$1,030,043.00
Total Estimated Unduplicated Participants (From Table C-2a)					100
Factor D (Divide Grand Total by Number of Participants)					\$10,300.43
Average Length of Stay On the Demonstration					278

Demonstration Year: Year 4					
Demonstration Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Total Cost
Crisis Response (Face to Face)	Unit	100	1	\$594.00	\$59,400.00
Crisis Response (Phone Call)	Unit	100	10	\$89.11	\$89,110.00
Respite	Unit	100	2,880	\$3.21	\$924,480.00
Pharmacogenetic Screening	Unit	100	1	\$500.00	\$50,000.00
Blood Draw for Pharmacogenetic Screening	Unit	100	1	\$25.00	\$2,500.00
Pharmacist Consulting	Unit	100	1	\$41.00	\$4,100.00
Non-Medical Transportation	Mile	100	817	\$0.23	\$18,792.38
Consultative Clinical/Therapeutic Services	Unit	100	3	\$200.00	\$60,000.00
Flexible Spending	Month	100	12	\$16.67	\$20,004.00
Clinical Assessment (CBCL for Therapist/MH Professional)	Unit	100	2	\$35.00	\$7,000.00
Caregiver Educational Training	Month	100	12	\$63.96	\$76,752.00
Training for Respite Providers	Hourly	100	6	\$12.84	\$7,704.00
Grand Total					\$1,319,842.38
Total Estimated Unduplicated Participants (From Table C-2a)					100
Factor D (Divide Grand Total by Number of Participants)					\$13,198.42
Average Length of Stay On the Demonstration					365

Demonstration Year: Year 5					
Demonstration Service	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Total Cost
Crisis Response (Face to Face)	Unit	100	1	\$594.00	\$59,400.00
Crisis Response (Phone Call)	Unit	100	10	\$89.11	\$89,110.00
Respite	Unit	100	2,880	\$3.21	\$924,480.00
Pharmacogenetic Screening	Unit	100	1	\$500.00	\$50,000.00
Blood Draw for Pharmacogenetic Screening	Unit	100	1	\$25.00	\$2,500.00
Pharmacist Consulting	Unit	100	1	\$41.00	\$4,100.00
Non-Medical Transportation	Mile	100	817	\$0.23	\$18,792.38
Consultative Clinical/Therapeutic Services	Unit	100	3	\$200.00	\$60,000.00
Flexible Spending	Month	100	12	\$16.67	\$20,004.00
Clinical Assessment (CBCL for Therapist/MH Professional)	Unit	100	2	\$35.00	\$7,000.00
Caregiver Educational Training	Month	100	12	\$65.56	\$78,672.00
Training for Respite Providers	Hourly	100	6	\$12.84	\$7,704.00
Grand Total					\$1,321,762.38
Total Estimated Unduplicated Participants (From Table C-2a)					100
Factor D (Divide Grand Total by Number of Participants)					\$13,217.62
Average Length of Stay On the Demonstration					365

Annual Costs